

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90058 003 ****61.25

0078368

DOCUMENT # 731885

1. Corporation Name

INTERFAITH JAIL MINISTRIES, INC.

Principal Place of Business

ESCAMBIA COUNTY JAIL
P.O. BOX 18111
PENSACOLA FL 32523

Mailing Address

ESCAMBIA COUNTY JAIL
P.O. BOX 18111
PENSACOLA FL 32523



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/17/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1591810

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRELL, C MINER
307 S. PALAFOX ST.
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **NOONAN, W.J. III**
STREET ADDRESS **2720 BLACKSHEAR AVE.**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **S/D MCDONALD, NEIL**
1.3 STREET ADDRESS **4696 PETRA CIRCLE**
1.4 CITY-ST-ZIP **PENSACOLA, FL**

TITLE **PD** ☐ DELETE

NAME **REA, JEAN**
STREET ADDRESS **231 DEAN ROAD**
CITY-ST-ZIP **PENSACOLA FL 32503**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D KEGERREIS, SHIRLEE**
2.3 STREET ADDRESS **4615 CHRISTY DRIVE**
2.4 CITY-ST-ZIP **PENSACOLA, FL**

TITLE **TD** ☐ DELETE

NAME **SOWLE, TED**
STREET ADDRESS **316 S BAYLEN ST SUITE 560**
CITY-ST-ZIP **PENSACOLA FL 32501**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **TD**
3.3 STREET ADDRESS **SOWLE, TED**
3.4 CITY-ST-ZIP **SAME**

TITLE **SD** ☐ DELETE

NAME **WOODS, BETTY**
STREET ADDRESS **4170 APRIL ROAD**
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D LEE, EARL**
4.3 STREET ADDRESS **1810 NORTH 58TH AVENUE**
4.4 CITY-ST-ZIP **PENSACOLA, FL**

TITLE **D** ☐ DELETE

NAME **MARTIN, MYRA**
STREET ADDRESS **6450 BIRKHEAD DR.**
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. J. Noonan III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 99
Date

436-9507
Daytime Phone #

CR2E037 (11/98)